Leading Changes in Practices
To Improve Health

> - ***Experience shows that long-lasting change can result when health care managers incorporate success factors in their planning and implementation of new practices.***
> - ***Health care managers will run into fewer obstacles in initiating changes if they follow a five-phase process to identify, test, and scale up new practices.***
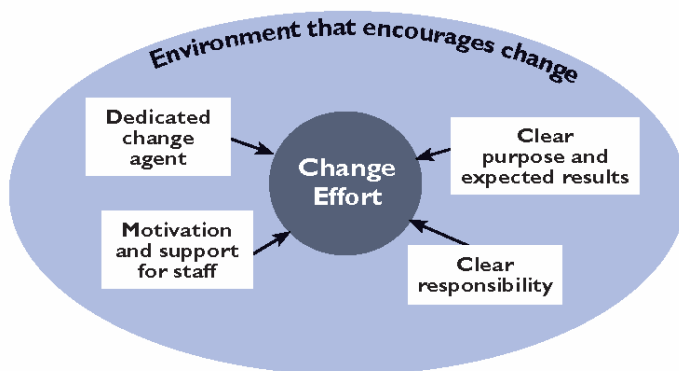
While effective practices have been successfully introduced to address serious health care gaps, the record also shows many short-lived accomplishments. One key reason is that health care professionals chronically underestimate what it takes to make a lasting change. To break the chain of transitory achievements, health care managers need to realistically gauge the effort it takes to change ingrained practices and believe so strongly in the need for change that they attract others to the long-term effort.

Critical Success Factors for Change Efforts

To successfully translate innovative ideas into workable practices and make these practices last, health care managers need to incorporate success factors into their change efforts. Success factors are characteristics of efforts that are necessary to achieve long-lasting change, as identified in studies and experiences of organizational change. The following factors apply to both improvements in direct services and management improvements that lead to better services:

- **Dedicated change agent**— someone within the organization who cares deeply about changing a practice and transmits his or her commitment to others, who implement the change from day-to-day;
- **Clear purpose for the change and clear expected results** that can be convincingly communicated to stakeholders;
- **Clearly assigned and accepted responsibility** for implementing the change—staff are encouraged to take on the task and are held accountable for its completion;

Success Factors for Changing Practices

- **Motivation and ongoing support of staff** throughout the change process—gaining their initial buy-in and maintaining their ongoing commitment through such strategies as modeling personal commitment, mobilizing additional resources, coaching staff in addressing obstacles, and documenting early successes;
- **Environment that encourages change**—a work climate that promotes sharing of information, fosters risk-taking to fulfill the organizational mission, encourages trust within the workgroup, and supports connections with forward-thinking senior managers.

Leading the Change Process

Health care managers are change agents, whether, for example, they are trying to improve infection control in a clinic or are finding ways to maintain quality with reduced resources. In introducing new approaches, they can help their staff see that some of the usual clinical or management practices, attitudes, and behaviors get in the way of serving clients. Health care managers will run into fewer obstacles in initiating changes if they follow a purposeful, five-phase process.

Phase 1: Recognize a challenge; that is, ask how a group can, despite existing obstacles, close the gap between desired and actual achievement (e.g., in two years, reduce the percentage of couples with current unmet need for family planning from 28% to 15% by increasing access to contraception). Explore root causes of current obstacles.

Phase 2: Identify promising practices that are relevant to your challenge, have features that are transferable, and have succeeded elsewhere. Look locally, but if you don't find such practices close to home, extend your search to regional or international sources. To gain tacit knowledge, contact successful users of the promising practices. Choose one or a set of related practices that best matches your challenge and your organization's needs, mission, and resources.

Phase 3: Adapt and test one promising practice or a set of practices. Form a change team to fit the practice to your context and work out any difficulties within a limited setting. Choose indicators that, when measured, will provide convincing evidence whether the practice has value in meeting the challenge.

Phase 4: Implement the new practice in more settings by involving senior management and other managers, agreeing on the process and responsibility for implementing the practice, and monitoring progress. Find ways to generate ownership among staff members who will carry out the new practice. Build an expanding coalition of support to prepare for scaling up the practice.

Phase 5: Scale up the successful practice internally throughout your organization and externally to other organizations. This may involve handing over responsibility for the scale-up to more senior people with broader authority and contacts. Lay the groundwork by streamlining the practice, if necessary, to be effective while using fewer resources and by making changes in management systems to support the practice. For example, in the Philippines a City Health Officer successfully implemented no-scalpel vasectomy in Bago City, with outreach to couples who had achieved their desired family size. The Philippine Department of Health then scaled up the approach across the region and is changing insurance to make the procedure reimbursable.

Deal with Individual Reactions to Change
Not everyone will enthusiastically embrace the change. Jaffe and Scott (1999) suggest strategies for dealing with people in denial or resisting the change and moving them toward commitment.

Getting Started
In starting, take time with your change team to review a past change effort within the organization and learn what worked or did not work. The Assessment of Readiness for Change can help. After doing this, you are ready to lead the change process. The Change Agent's Guide to Action will help you through the phases of the change process. Both the assessment and guide to action are presented in the issue of *The Manager* listed below.

References: Jaffe, Dennis T., and Cynthia D. Scott. *Getting Your Organization to Change: A Guide for Putting Your Strategy into Action.* Menlo Park, CA: Crisp Publications, 1999.